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EXPERIENTIAL METHODS IN A GROUP COUNSELING PROGRAM WITH BLIND CHILDREN

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There have been quite a few reports on the use of group therapy with children (Ginott, 1961, etc.), play therapy (Rothschild, 1960, etc.), action therapy (Grumbine, 1965, etc.), etc. In "sensitivity" training, as well as other group programs, "experiential" methods have been widely used. Thus, while use of the experiential method in group counseling is not overly unusual and while counseling with the physically handicapped, though not a steady occurence, has been used (Mardis, Manaster, Bonnici, and Pearson, 1965, etc.), the combination of the two in a counseling program with visually handicapped children seems relatively unique.

In the summer of 1967, as part of the summer mobility program for adolescents at the Illinois Visually Handicapped Institute, group counseling was made an integral part of the schedule. A total of twenty-one youngsters (ages eleven through eighteen) were enrolled in a six week summer mobility skill, additional proficiency in activities of daily living, and an increased adjustment of a personal and social nature. As part of the third aspect, the group counseling schedule was set so that the students were to meet three times a week, forty-five minutes per session, for five weeks. The total group of twenty-one students was broken into three equal groups.

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It was felt by the authors that an attempt should be made to go beyond the "usual" means of therapy with this age group, i.e. just sitting and talking with the members of the group. Through the use of "experiential" methods and exploration of the environment in addition to "talk" it was felt that the students would be freed from some of the inhibitions often found in "telling" their problems to adults. Further, this might enable them to gain a more comprehensive awareness of what they could do to alter their own situations.

The goals in this program were mainly existential in nature, that is, we were not attempting "personality reorganization" or a deep probe into the emotional problems of the youngsters was not being attempted. Instead they were given an opportunity to discuss and work through their own disturbing experiences. Also, they were offered some new or different ideas or ways of handling everyday problems. This was done not on an abstract level, but they were encouraged to experience and then discuss their "gut" feelings. These children were relatively well integrated teenagers, although sadly lacking in living experiences. Though the majority were totally and congenitally blind, they were basically concerned with the "growing pains" common to most adolescents.

While the other counseling groups started on a more formal or "orthodox" basis, e.g. meeting in a therapy room, sitting around a table, the experiential group made use of experiential methods from the first. There were some reservations expressed by others in the Institution that if a group of teen-agers were to be taken outside on the grass, especially for the first session, control of the group could not be maintained and therefore, a "beneficial"

therapy session could not be conducted. The authors decided to take the chance. When the youngsters were met for the first time, the therapists introduced themselves by their first names and asked them to do the same. This was to reinforce the leader's positions as group members and to get the children to act spontaneously. It seemed to shock some of the children, as they were quite used to addressing and thinking of anyone older as a teacher or authority figure who had to be referred to as Mr., Mrs., or Dr. This ingrained idea did help maintain the desirable "control" in the beginning session; however, the control was maintained through the children's interest and personal desire in the following sessions.

During the first meeting, one author (S. K.) put on a blindfold and wore it through the entire session as a means of furthering the experiential atmosphere, for herself as well as the students. She received help from several members of the group while trying to find a place to sit. The students showed a genuine curiosity in why one would want to do such a thing and informed her that she could not get the true feeling of blindness in this way, because the blindfold could easily be removed. However, they respected the effort and began to trust the leader's actions and desire to help. Because it was felt to be desirable to encourage as much feeling and interaction as possible, they were asked to hold hands and then bring their hands into the middle so all hands could touch at once. One of the girls was quite frightened by the experience and drew back, after which she was comforted by similar confessions of fright by the other members. The group then returned to asking about the blindfold and how it felt to be temporarily blind. The therapist (S. K.) responded quite openly about her feeling of discomfort which seemed to open the group to discussing their feelings about their own blindness

and how frightening it would be to regain their sight. (The "usual" answer to such a question would be that it would be wonderful to be able to see - the "acceptable" answer.)

Since it was observed that these children had been so restricted from exploring anything that was not a "necessary" experience and were therefore terribly frightened by the unknown, the ideas about the advantages of experiential therapy were reinforced. The youngsters were given the opportunity to feel the beard of the other therapist (A. M.) and then asked to describe it, a totally new experience for all of them and one that would normally be discouraged. All of the children seemed to share the frustrations of the first girl who tried to describe what she felt. This led to a general discussion of how hard it is to describe something which one has never seen or done and yet how important it is to be given the opportunity. This brought forth confessions of how sheltered these youngsters had been because of their blindness. It concerned one girl greatly that quite often parents or others treat a blind child like a pet or "dumb" animal, but not as a person; cuddling and taking care of them but not letting them grow up.

One emotionally disturbed boy often monopolized the group through his acting up. The leaders tried in an early session to cope with the situation experientially by having the boy physically break into a locked circle. The group made it clear that they did not want him out, but that they did want him to listen and take part as a group member. After re-entering, he held on very tightly thinking that in this way he could not be put on the outside again. The other members realized through the experience that one cannot shout his way into acceptance, which is a means often used by the blind child

to gain attention and is misconceived as a manifestation of interest or acceptance. The group at this point stopped discussing superficial subjects and began to make the sessions work.

It was necessary to use other experiential methods with this "problem" child to get him to realize that everyone in the group was genuinely concerned with his behavior and that they would not tolerate meaningless statements and tantrums made just to get attention. The therapists did not want to discourage his acting out themselves, but wanted the group to deal with the situation. When he made a statement such as, "I'm going to be a beggar, because it is easy and no one would turn down a blind person", he was asked to beg from the other group members who were encouraged to show as much disgust as possible. Not only did the experience alter his desire to be a beggar, but it also exposed the feelings of the other members toward the common conception of the blind person as one who is inadequate, helpless, and a pest.

In several of the sessions there was an attempt on the part of the children to handle the problems of this one boy. One girl suggested to the group, however, that they were actually glad that this youngster was there, because they could hide behind him and then not have to face their own problems. She asked why the group did not take some sort of definitive or positive action. At this point, the group informed him that if he continued to be disruptive and did not show interest in being a group member, he would have to leave for good. He did have to be taken out of the group during that session. However, since he showed such a great need to be a part of the group, he was readmitted under the condition that he not say a word for the remainder of the session.

He was told that in the next session he would have to listen carefully and at the end summarize the interaction. To the amazement of everyone, including himself, he did this quite well. The others showed their appreciation, which pleased him so much that he did not prove to be a problem from that time on (an achievement in itself). The other group members opened up considerably at this point, because they felt a trust in him that had been absent. Earlier he had told the group that he did not hold sacred what was being discussed and that he would tell anyone anything he pleased. After he realized that they were actually trying to be his friends and that they thought enough of him to help him through his difficulties, he agreed to observe the group's rules of confidentiality.

Though it may seem that most of the energy of the group was spent controlling and helping one member, in actuality it was not. Nearly every group member revealed problems and circumstances that were important to them as well as developing good insights about the feelings of the other members. As the sessions progressed and the group dealt with the problems of being a blind teenager, we found that several of the girls divulged personal problems and feelings, asking for the opinions and the help of the other members. They stated in the final session that they felt much better equipped for handling their own problems.

The youngsters were encouraged to sit with their shoes off, feel the grass with their feet and then describe it; do some role-playing; some alter-ego exercises with assistance; shout and then strike out at each other to see how it felt to release anger physically; and sit very close to one another and hold hands or put their arms around one another to get the relationship of their bodies to their surroundings. As mentioned before, these things are often discouraged or prohibited in society.

In two of the last sessions, all of the members of the group, including the leaders, were offered the freedom to say what they pleased about the progress of the group and about the members themselves. It gave the youngsters great pleasure to be able to say what they pleased about others, especially the leaders, with no repercussions. They revealed that they were aware that one leader (A. M.) was playing a stronger role and that the other (S. K.) was playing a listening or more passive role. The group discussed this quite thoroughly and decided that they appreciated both parts, because they needed some overt direction and yet they needed someone to show them that they could also be quiet, yet strong and secure.

- SUMMARY -

This paper has tried to describe some of the "experiential" techniques and methods used in a group counseling situation with blind adolescents. Also, to show that by using these methods, the group advanced a little further and a little faster than might otherwise have occurred. During the clinical services meetings, the other group leaders stated that their groups were often avoiding confrontations of their feelings, while we were able to state that members of our group sometimes overwhelmed us with their insights. Possibly this was because these techniques kept the members alert and involved, showed them that we were interested and would let them do and say things that would normally have been forbidden, and let them know that we wanted to offer a chance to experience new things. Because of this, their reactions and interactions were more spontaneous and "off-guard".

These children were almost all totally and congenitally blind but seemed to be fairly well adjusted adolescents. Many of the problems, questions and concerns they felt and expressed were those of any teenager. As is true with many adolescents, they were not overly motivated to discuss their deeper feelings and concerns with adults. Yet, by the end of the fifteen sessions it was felt that these youngsters had revealed that they did have very definite problems which they were not afraid to look at or discuss in depth. The group brought forth and worked on deep personal problems, which often involved family situations. They did not try to talk about things that would pacify the leaders, but discussed themes of great personal importance.

At the end of the final session, one of the girls threw her arms around one of the leaders (A. M.) and stated that she would really miss the group and what it had given her. All the rest of the group spontaneously joined in a big "group hug".

If we look at some of the processes involved in role playing as suggested by Doris Twitchell--Allen (1954), we find:

"1. Catharsis

2. Restructuring the situation

   a. regarding the concept of self

   b. regarding the concept of others

3. Practice for a future situation" (Page 168)

The use of various "experiential" methods appears to have allowed for and encouraged these processes. This seems to be especially important with blind children for it has been found that a great majority of these youngsters have been deprived of many of the experiences that are taken for granted by non-handicapped children. As Rothschild (1960) points out:

"In many instances it will be predominantly a matter of encouraging the child to use resources which he has not been accustomed to use, either because of lack of opportunity or of the many possible inhibit ng influences to which he may have been subjected. This may include support in helping the child to test and to experiment with his surroundings and thereby become able to develop a more comprehensive identity of his own and to relate in a secure manner to his environment." (Page 331)

It was stated by many of the trainees, in both group and individual counseling, "They (the world) expect us to be good, helpless, blind children and sit and be nice." The opportunity to try new modes of behavior, to release anger or love, to examine; in other words, to experience and grow is often either denied them or offered with so many restraints and conditions as to be stultifying.

We suggest this may be true not only of the visually handicapped, but of children (and adults) with other physical disabilities. It is our feeling, that with this type of population, in a rehabilitation setting, an experientially based form of group therapy combining action and "talk" might prove to be most effacious and stimulating in enhancing the growth and actualization of the individual.*

As was said by one girl in our group in the final session, "I liked it, because I felt like a growing-up person."

*It may be noted that this idea was the main theme of a recent workshop sponsored by the American Group Psychotherapy Association at their twenty-fifth annual conference, 1/27/68; Activity Therapy, Gerald Schamness, leader.

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